

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002363 (9)
1. Corporation Name

Florida League of Conservation Voters
Education Fund, Inc.

Principal Place of Business Mailing Address
2501 N.W. 21 st. Ave. 2501 N.W. 21st Ave.
Gainesville, FL 32605 Gainesville, FL
32605

2. Principal Place of Business 2a. Mailing Address
21 Gainesville 26 2501 N.W. 21st Ave.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 Gainesville, FL 28 Gainesville, FL
Zip Country Zip Country
24 32605 25 U.S.A. 29 32605 30 U.S.A.

3. Date Incorporated or Qualified 3a. Date of Last Report
5/09/1994 4/27/95
4. FEI Number Applied For
59-3256652 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Rigante, Mo
8751 East Keating Park St.
Floral City, FL 34436

81 Name Paradise, Brian
82 Street Address (P.O. Box Number is Not Acceptable)
2831 Wood Valley Court
83
84 City Jacksonville FL 85 Zip Code 32217

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Brian Paradise* *Brian Paradise*

5/24/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
DP	Robinson, Francine	2501 N.W. 21st. Ave.	Gainesville, FL 32605	<input type="checkbox"/>
DV	Hendrickson, Dan	3208 Langley Circle	Tallahassee, FL 32302	<input type="checkbox"/>
DT	Paradise, Brian	2831 Wood Valley Court	Jacksonville, FL 32217	<input type="checkbox"/>
DS	Onkka, Mary	717-202 S.W. 16th Ave.	Gainesville, FL 32601	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brian Paradise* *Brian Paradise*

5/24/96

(904) 727-2226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Keytime Phone #

CR2E037 (12/95)